FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750064

(8)

SWALLOWS OF SAN MARCO HOMEOWNERS ASSOCIATION, IN $\ensuremath{\mathbf{C}}.$

FILED Jan 22 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							
17 HAMPTON HILLS DR 17 HAMPTON HILLS DR					3. Date Incorporated or Qualified	· .	
C/O FRED DE		C/O FRED DENTINGER	C/O FRED DENTINGER		12/05/1979		
AMHERST NY	14221	AMHERST NY 14221			4. FEI Number	Applied For	
					16-1316737	Not Applicable	
2. Principal P	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22		27			Trust Fund Contribution	Added to Fees	
City & Stat	e .	City & State			7. Is this nonprofit corporation a homeowners association? X Yes No		
Zip	Country	28 Zip	Cou	ntrv	8. This corporation owes or has paid the cu		
24	25	29	30	,		Yes X No	
	9. Name and Address of Curre	130	1901		10. Name and Address of New Registered		
				81 Name			
HANKIN	, LAWRENCE M.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	INEAPPLE AVENUE		82 Street A		ress (F.O. Box Number is Not Acceptable)		
	OTA FL 33577		Ī	83			
			ŀ	84 City		85 Zip Code	
dd Duranaat	to the marketing of Continue Cd 7 Off	00 and 047 4000 Elever Oleve			FL		
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	of Florida. Such change was	tes, the ab authorized	ove-named corp by the corporat	poration submits this statement for the purpose of the country of directors. I hereby accept the ap-	of changing its registered pointment as registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable /h/OT	E: Booletored	Agent signature requi	red when reinstating) DATE		
12.		ID DIRECTORS	13.	Agent alguatora regul	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	E		☐ Change ☐ Addition	
NAME	17		1.2 NAI	4E		ļ,	
STREET ADDRESS	17 HAMPTON HILLS DR.		1.3 STF	EET ADDRESS			
CITY-ST-ZIP	AMHERST, NY.		1.4 CIT	/-ST-ZIP			
TITLE	DVS	☐ DELETE	2.1 TM			☐ Change ☐ Addition	
NAME			2.2 NA	AE .			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	W SENECA NY		2. 4 011	Y-ST-ZIP			
TITLE	VPD	☐ DELETE	3.1 7111	E		Change Addition	
NAME	CIMINELLI, FRANK L		3.2 NA	4Ε			
STREET ADDRESS	4999 STRICKLER RD		3.3 STF	EET ADDRESS			
CITY-ST-ZIP	CLARENCE NY		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	E		Change Addition	
NAME			4, 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS	•		
CITY-ST-ZIP				'-ST-ZIP			
TITLE		☐ DELETE	5.1 TML	E		Change Addition	
NAME			5.2 NA	15			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	_	- ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAA				
STREET ADDRESS			- F	EET ADDRESS			
CITY-ST-ZIP	autilia that the information grantled	ith this filing does not explife fo		-ST-ZIP	Postion 110 07/0/6) Storida Statutos 1 funti-	autifus that the information	
indicated	erary that the information supplied W	nar ans many does not quality to	n use exer	www.stated In	Section 119.07(3)(i), FlorIda Statutes. I further co	army mar me information	

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an accress.

SIGNATURE:

in leient & Exercitario Pres.

1/11/98

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